SENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEPERENCES AND PLAN OF CORRECTION (A) PROVIDED RAY PLAN OF CORRECTION (B) WIND (A) PROVIDED RAY PLAN OF CORRECTION (B) WIND (B) W	DEPA	RTMENT OF HEALTH	AND HUMAN SERVICES .		, 1	PRINTED: 11/14/2016			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  A BUILDING OF BOTH AND SUMMARY STATE, UP CODE 301 61 MCKEE ST GREENVILLE, TH 37743  STATEMENT ADDRESS, CITY, STATE, UP CODE 301 61 MCKEE ST GREENVILLE, TH 37743  SUMMARY STATEMENT OF DEPOILENCES BY ENCOURSES PLAN OF CORRECTION FREDLY TAG  K 000  INITIAL COMMENTS  A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensures and Regulation Office of Health Care Facilities survey on 11/6/2016. During this LIFE Safety Survey, Lunghin Healthcare was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety Survey, Lunghin Healthcare was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by.  K 221  C 22 KISTING Heardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have normated of freid-applied protective plates that do not axceed 46 inches from the bottom of the door.  Describe the floor and zone locations of headrous areas that are deficient in REMARKS.  19.3.2.1  A 22.1  A 22.1  A 22.2  A 23.2  A 24.2  A 24.2	CENT	ERS FOR MEDICARE	& MEDICAID SERVICES	<del>5</del> 4 (	2123/16 20 01/19/17	FORM APPROVED			
ALGENTIAL COMMENTS  A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 116/2016. During this Life Safety Survey, Laughlin Healthcare was found not in substantial compliance with the requirements for participation in Medicare/Medical at 42 CFR, Subpart 483.70(a), Life Safety Furm Fire, and the related National Fire Protection Association (NFFA) standard 101 - 2012 edition.  The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:  NOT MET as evidenced by:  NFPA 101 Hazardous Areas - Enclosure  Page Vision of Industrial Compliance with the requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:  NFPA 101 Hazardous Areas - Enclosure  Page Vision of Industrial Compliance with the requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:  NFPA 101 Hazardous Areas - Enclosure  Page Vision of Industrial Compliance with the requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:  NFPA 101 Hazardous Areas - Enclosure  Page Vision of Industrial Compliance with the requirements for participation in Medicare/Medicald as 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:  NFPA 101 Hazardous Areas - Enclosure  NFPA 101 Hazardous Areas - Enclosure  Page Vision of Industrial Compliance with the requirements for page of the Medical Care Facilities survey on 110/62016, Laughtin Healthcare Center acknowledges that during a Life Safety Survey conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 110/62016, Laughtin Healthcare Center acknowledges that during a Life Safety Survey conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 110/62016, Laughtin Healthcare Center acknowledges that during a Life Safety Survey conducted by the State of Tennessee Department of Tennessee Department	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) I		(X3) DATE SURVEY			
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A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 116/2016. During this Life Safety Survey, Laughiln Healthcare was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a). Life Safety form Fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition.  The requirement at 22 CFR, Subpart 483.70(a) is NOT MET as evidenced by:  NFPA 101 K 231 HAZARDOUS Areas - Enclosure 2012 EXISTING Hazardous Areas - Enclosure 2012 EXISTING Hazardous Areas - Enclosure fire extinguishing system in accordance with 8.4. Doors shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or autometic Closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.  Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1  Area  Area  Automatic Sprinkler Seperation NI/A  Boiler and Fuel-Fired Heater Rooms  SCANDON WIRES PLAN OF CORRECTION (PREA) STANDAY WIRES PLAN OF CORRECTION SHOULD applied protective plates that do not exceed 48 inches from the bottom of the sporage are that are deficient in REMARKS. 19.3.2.1  Area  Automatic Sprinkler Seperation NI/A  Boiler and Fuel-Fired Heater Rooms	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY STATE ZIP CODE				
CASIDE SUMMARY STATEMENT OF DEFICIENCIES (#CACH DEFICIENCY MUST SEP PRECEDED BY FULL TAG  K 000 INITIAL COMMENTS  A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 11/6/2016. During this Life Safety Survey, Laughin Healthcare was found not in substantial compliance with the requirements for participation in Medicare/Medicard at 42 CFR Subpart 483.70(a), Life Safety former, Laughin Healthcare was found not in substantial compliance with the requirements for participation in Medicare/Medicard at 42 CFR, Subpart 483.70(a), Life Safety former, earl the related National Fire Protection Association (NFPA) standard 101 -2012 adition.  The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by: NOT MET as evidenc	LAUGI	ILIN HEALTH CARE CE	NTEP						
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REGULATORY OR LSC IDENTIFYING INFORMATION)  K 000 INITIAL COMMENTS  A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 11/6/2016. During this Life Safety Survey, Laughlin Healthcare was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition.  The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:  NFPA 101 Hezardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and parmitted to have nonzated or feld-applied protective plates that do not exceed 48 inches from the bottom of the door.  Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1  Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms		SUMMARY STATEMENT OF DEFICIENCIES			ON THE RESERVE TO THE				
A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 11/6/2016. During this Life Safety Survey, Laughlin Healthcare was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition.  The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 Hazardous Areas - Enclosure  NTPA 101 Hazardous Areas - Enclosure  H		( (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX			CROSS-REFERENCED TO THE APPROPRIATE DATE				
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Life Safety Survey, Laughlin Healthcare was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition.  The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:  NFPA 101 Hazardous Areas - Enclosure  Viscology Enclosure 2012 EXISTING  Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire reated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system in doors in accordance with 8.7.1. When the approved automatic fire extinguishing system in doors in accordance with 8.7.1. When the approved automatic fire extinguishing system in doors in accordance with 8.7.1. When the approved automatic fire extinguishing system in doors in accordance with 8.7.1. When the approved automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system in accordance with 8.4. Doors shall be septrated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.  Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1  Area  Automatic Sprinkler  Seperation N/A  a. Boiler and Fuel-Fired Heater Rooms  Continued to page 2 of 6		of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health			by the State of Tennessee Departme Health Division of Health Licensure Regulation Office of Health Care Fa	nt of and cilities			
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Fire Protection Association (NFPA) standard 101 - 2012 edition.  The requirement at 42 CFR, Subpart 483,70(a) is NOT MET as evidenced by:  NFPA 101 Hazardous Areas - Enclosure  Hazardous Areas - Enclosure  2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.  Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.  19.3.2.1  Area  Automatic Sprinkler  Seperation N/A  a. Boiler and Fuel-Fired Heater Rooms  Automatic Sprinkler  Seperation N/A  Boiler and Fuel-Fired Heater Rooms  I claded National Fire Protection Association (NFPA) standard 101 – 2012 edition.  The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:  The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:  NFPA 101 K 321 HAZARDOUS AREAS-ENCLOSURE  REQUIREMENT: Hazardous Areas – Eaclosure 2012 EXISTING  Hazardous areas protected by a fire barrier having 1-hour fire resistance rating (with ½-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system in accordance with 8.4. Doors shall be self-closing or automatic fire extinguishing system in accordance with 8.4. Doors shall be self-closing or automatic closing and doors in accordance with 8.4. Doors shall be self-closing or automatic of field-applied protective plates that do not exceed 48 inches from the bottom of the door.  Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1  Area  Automatic Sprinkler  Seperation		requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483 70(a)			Medicare/Medicaid as 42 CFR Subp	art			
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other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.  Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.  19.3.2.1  Area Automatic Sprinkler Seperation N/A  a. Boiler and Fuel-Fired Heater Rooms  automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.  Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1  Area Automatic Sprinkler Separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.  Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1  Area Automatic Sprinkler Separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.  Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1  Area Automatic Sprinkler Separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.  Descr		i System in accordance	e with 8.7.1. When the		(with %-hour fire rated doors) or an automatic fire extinguishing system is				
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Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.  19.3.2.1  Area Automatic Sprinkler Seperation N/A a. Boiler and Fuel-Fired Heater Rooms  Applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1  Area Automatic Sprinkler Seperation N/A a. Boiler and Fuel-Fired Heater Rooms  Continued to page 2 of 6		that do not exceed 48 inches from the bottom of			shall be self-closing or automatic-clos	sine			
hazardous areas that are deficient in REMARKS.  19.3.2.1  Area Automatic Sprinkler Seperation N/A a. Boiler and Fuel-Fired Heater Rooms  CRATORY DIRECTOR'S ON OPONIONE SUPERIORS  Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1  Area Automatic Sprinkler Seperation N/A a. Boiler and Fuel-Fired Heater Rooms  Continued to page 2 of 6		Describe the floor and zone locations of			applied protective plates that do not en	cceed			
hazardous areas that are deficient in REMARKS. 19.3.2.1  Area Automatic Sprinkler Seperation N/A a. Boiler and Fuel-Fired Heater Rooms  CRATORY DIRECTOR'S ON ORDINARY SUPPLY SEPTEMBER.  hazardous areas that are deficient in REMARKS. 19.3.2.1  Area Automatic Sprinkler Seperation N/A a. Boiler and Fuel-Fired Heater Rooms  Continued to page 2 of 6					48 inches from the bottom of the door	·			
Area Automatic Sprinkler Seperation N/A a. Boiler and Fuel-Fired Heater Rooms  CRATORY DIRECTOR'S ON ORONING SUPPLIES.  Area Automatic Sprinkler Seperation N/A a. Boiler and Fuel-Fired Heater Rooms Continued to page 2 of 6		19.3.2.1	are deliblent in AcidAAAA		hazardous areas that are deficient in	of			
Seperation N/A  a. Boiler and Fuel-Fired Heater Rooms  CRATORY DIRECTOR'S OF RECYIPER SUPERIORS  Continued to page 2 of 6	Ĭ		Automatic Sprinkler		Area Automatic Spri	nkler			
ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Continued to page 2 of 6		a. Boiler and Fuel-Fire	ed Heater Rooms		Seperation N/A a Boiler and Fuel-Fired Heater Roo	ms			
	ORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNAT	TURE	Continued to page	2 of 6			

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other sefeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 892721

Facility ID: YN3003

(X6) DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/14/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED <u>OMB NO. 09</u>38-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445264 8. WING NAME OF PROVIDER OR SUPPLIER 11/06/2016 STREET ADDRESS, CITY, STATE, ZIP CODE LAUGHLIN HEALTH CARE CENTER 801 E MCKEE ST GREENEVILLE, TN 37743 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued from page 1 of 6 K 321 | Continued From page 1 b. Laundries (larger than 100 square feet) K 321 b. Laundries (larger than 100 square feet) Repair, Maintenance, and Paint Shops c. Repair, Maintenance, and Paint Shops Soiled Linen Rooms (exceeding 64 d. Soiled Linen Rooms (exceeding 64 gallons) galions) e. Trash Collection Rooms Trash Collection Rooms (exceeding 64 gallons) (exceeding 64 gailons) f. Combustible Storage Rooms/Spaces Combustible Storage Rooms/Spaces (over 50 square feet) (over 50 square feet) g. Laboratories (if classified as Severe Laboratories (if classified as Severe Hazard - see K3220) Hazard-see K3220) This STANDARD is not met as evidenced by: POC: Based on observation and interview, the facility 1. No residents were found to have been failed to maintain hazardous area's rated affected by the deficient practice but assemblies. This deficiency affects one smoke has the potential to be affected. compartment 2. All residents have the potential to be affected v the deficient practice. The The findings include: unscaled penetration in the rated wall in mechanical room #3 was repaired Observation and interview with the maintenance on November 14, 2016. director on 11/6/16 at 3:15 PM revealed the 3. Further education of in-house mechanical room #3 had an unsealed penetration Maintenance staff and outside in the rated wall. contractors will be made to ensure that the deficient practice does not 2012 NFPA 101 19.7.6, 4.6.12.1, 8.3.5 recur. 4. Any new construction will be The maintenance director was present when the monitored by Director of Facilities of deficiencies were identified and was the Hospital or the designee to ensure acknowledged by the Administrator during the exit the deficient practice will not recur. conference on 11/6/2016. November 15, 2016 K 324 NFPA 101 Cooking Facilities NFPA 101 K 324 COOKING K 324 \$\$≂F **FACILITIES** Cooking Facilities REQUIREMENT: Cooking Facilities Cooking equipment is protected in accordance Cooking equipment is protected in with NFPA 96, Standard for Ventilation Control accordance with NFPA 96, Standard for and Fire Protection of Commercial Cooking Ventilation Control and Fire Protection Operations, unless: of Commercial Cooking Operations, \* residential cooking equipment (i.e., small unless:

appliances such as microwaves, hot plates,

toasters) are used for food warming or limited

\*Residential cooking equipment (i.e.,

small appliances such as microwaves, hot

Continue to page 3 of 6

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/14/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445264 B. WING NAME OF PROVIDER OR SUPPLIER 11/06/2016 STREET ADDRESS, CITY, STATE, ZIP CODE LAUGHLIN HEALTH CARE CENTER 801 E MCKEE ST GREENEVILLE, TN 37743 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY Continued from page 2 of 6 K 324 ; Continued From page 2 plates, toasters) are used for food K 324 cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 warming or limited cooking in \* cooking facilities open to the corridor in smoke accordance with 18.3.2.5.2, 19.3.2.5.2 compartments with 30 or fewer patients comply \*cooking facilities open to the corridor in with the conditions under 18.3.2.5.3, 19.3.2.5.3, smoke compartments with 30 or fewer or patients comply with the conditions \* cooking facilities in smoke compartments with under 18.3.2.5.3, 19.3.2.5.3, or 30 or fewer patients comply with conditions under \*cooking facilities in smoke 18.3.2.5.4, 19.3.2.5.4. compariments with 30 or fewer patients Cooking facilities protected according to NFPA 96 comply with conditions under 18.3.2.5.4, per 9.2.3 are not required to be enclosed as 19.3.2.5.4. hazardous areas, but shall not be open to the Cooking facilities protected according to corridor. NFPA 96 per 9.2.3 are not required to be 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through enclosed as hazardous areas, but shall not 19.3.2.5.5, 9.2.3, TIA 12-2 be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 POC: 1. All 90 residents were affected by the This STANDARD is not met as evidenced by: deficient practice. All Dietary staff Based on observation and interview, the facility were in-serviced on 11/07/16 to be failed to ensure dietary staff was familiar with the familiar with the hood suppression hood suppression system operation. All 90 system operation. residents were affected by this deficiency. 2. All 90 residents had the potential to be affected by the deficient practice. The finding includes: All Dietary staff were in-serviced on 11/07/16 to be familiar with the Observation and interview with the dietary hood suppression system operation. supervisor on 11/6/16 at 10:21 AM revealed two All new Dietary employees will be of two dietary staff were unfamiliar with the in-serviced and all Dietary staff will kitchen hood suppression system and be in-serviced annually on the hood components. Neither was aware that the manual suppression system operation to pull station was needed to be activated when ensure the deficient practice does not given a fire scenario. NFPA 96, 10.5.7 The in-services for new staff and annual in-services will be monitored The dietary supervisor was present when by the Dietary Director and or deficiency was identified and was acknowledged designee to ensure the deficient by the administrator during the exit conference on practice will not recur. 11/6/16. November 30, 2016

## DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/14/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445264 NAME OF PROVIDER OR SUPPLIER 11/06/2016 STREET ADDRESS, CITY, STATE, ZIP CODE 801 E MCKEE ST LAUGHLIN HEALTH CARE CENTER GREENEVILLE, TN 37743 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID מו PROVIDER'S PLAN OF CORRECTION PRÉFIX (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREF!X (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) NFPA 101 K 353 SPRINKLER K 353 NFPA 101 Sprinkler System - Maintenance and SYSTEM - MAINTENANCE AND K 353 Testing SS≃D TESTING REQUIREMENT: Sprinkler System -Sprinkler System - Maintenance and Testing Maintenance and Testing Automatic Automatic sprinkler and standpipe systems are sprinkler and standpipe systems are inspected, tested, and maintained in accordance inspected, tested, and maintained in with NFPA 25, Standard for the Inspection, accordance with NFPA 25, Standard for Testing, and Maintaining of Water-based Fire the Inspection, Testing, and Maintaining. Protection Systems. Records of system design, of Water-based Fire Protection Systems. maintenance, inspection and testing are Records of system design, maintenance, maintained in a secure location and readily inspection and testing are maintained in a available. secure location and readily available. a) Date sprinkler system last checked a)Date sprinkler system last checked b) Who provided system test b)Who provided system test c) Water system supply source c) Water system supply source Provide in REMARKS information on coverage for Provide in REMARKS information on any non-required or partial automatic sprinkler coverage for any non-required or partial system. automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 POC: This STANDARD is not met as evidenced by: 1. No residents were affected by the Based on observation and interview, the facility deficient practice. failed to ensure the automatic fire sprinkler All residents have the potential to be system heads were unobstructed. This affected by the deficient practice. The deficiency affects one of six smoke automatic sprinkler head in the freezer compartments. obstructed by being installed close to housing will be relocated by outside The finding includes: contractors on November 30, 2016. 3. All future installations of automatic Observation and interview with the maintenance sprinkler heads will be monitored to director on 11/6/16 at 10:21 AM revealed one of ensure the deficient practice does not two sprinkler heads in the freezer was obstructed recur.

NFPA 13, 8,5.5

by being installed close to housing.

The dietary supervisor and maintenance director

was present when deficiency was identified and

was acknowledged by the administrator during

4. Any new installation of automatic

sprinkler heads will be monitored by the Director of Facilities of the

Hospital or designee to ensure the

deficient practice does not recur.

December 2, 2016

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/14/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01	(XS) DA	(X3) DATE SURVEY COMPLETED			
		445264	B. WING						
LAU	OF PROVIDER OR SUPPLIER  GHLIN HEALTH CARE CE	<u></u>		STREET ADDRESS, CITY, STATE, ZIP CODE  801 E MCKEE ST  GREENEVILLE, TN 37743					
(X4) PREI TA	·X   (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE FRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR	HOULD BE	LILD BE COMPLETION			
К3	2012 EXISTING Smoke barriers shalfire resistance rating be permitted to term Smoke dampers are penetrations in fully an approved sprinkle smoke compartment barrier.  19.3.7.3, 8.6.7.1(1) Describe any mecha in REMARKS. This STANDARD is Based on observation failed to maintain fire construction type is Vicelling is rated through deficiency affects all the findings include:  Observation and interesting the ceilings in the ceiling in the	on of Building Spaces -  ing Spaces - Smoke Barrier  I be constructed to a 1/2-hour per 8.5. Smoke barriers shall inate at an atrium wall, not required in duct ducted HVAC systems where er system is installed for is adjacent to the smoke  nical smoke control system not met as evidenced by: on and interview, the facility /smoke assemblies. The /-A (protected), and the phout the facility. This en residents.  view with the maintenance 12:44 AM and 3:15 PM throughout the facility had by sealed penetrations pe passes through. 5, 4.6.1.2, 8.3.5  actor was present when the utified and was Administrator during the exit	K 35		on of Building action  acted to a 1/2-  Smoke reminate at an re not fully ducted ved sprinkler impartments  control  ed by the contractors ations in the lity that a sealed ses through. Ential to be ctice, perly seal gs  were ed where ough. The inklers will prinkler with proper to ensure				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/14/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445264 B. WING 11/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 E MCKEE ST LAUGHLIN HEALTH CARE CENTER **GREENEVILLE, TN 37743** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 10 (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued from page 5 of 6 the deficient practice does not recur. 4. Any new installation of automatic sprinkler heads will be monitored by the Director of Facilities of the Hospital or the designee to ensure the deficient practice will not recur. December 16, 2016